

<p>PLEASE RETURN TO:</p> <p>JOANNE LEE Unit 16 Nonsuch Industrial Estate Epsom KT17 1DH</p> <p>BY POST / EMAIL or FAX <a href="mailto:jo@epsom-plastics.co.uk">jo@epsom-plastics.co.uk</a> FAX: 01372 742 635</p>		<p>FOR OFFICE USE:</p> <p>ACC ACCEPTED: Y / N</p> <p>ACC NO: _____</p> <p>DATE OPENED: _____</p> <p>CREDIT LIMIT: _____</p>
---	---	---

### CREDIT ACCOUNT APPLICATION FORM

ACCOUNT DETAILS (please use BLOCK CAPITALS)

TRADING STYLE (please tick):	Sole Trader <input type="checkbox"/>	Partnership <input type="checkbox"/>	Limited Company <input type="checkbox"/>	Other <input type="checkbox"/> please state:
Full Company Name:				
Trading Name (if appl.):				
Company Registration Number:		Year of Incorporation:		
Trading Address:		Contact Details:		
Building Name/Number:		Mobile Number:		
Street:		Buyer Contact Name:		
		Payment Contact Name:		
Town:		Payment Tel Number:		
County:		Payment Email:		
Postcode:		Email Address for Invoice / Statements:		
Number of People in your Company:		You will receive invoices/statements by email. Prefer by post? Tick here: <input type="checkbox"/>		

CREDIT REQUIRED £:	(NB: Our terms are strictly 30 days month end)
Nature of Business:	VAT Number:

### BANK DETAILS

Bank Name:	Sort Code:	Account Number:
Name of Account/Account Holder:		Account Type: Business: <input type="checkbox"/> Personal: <input type="checkbox"/>

### DIRECTOR / PROPRIETOR / PARTNER DETAILS (\*delete as appropriate)

Please supply details for all Directors/Proprietor/Partner of the business		
Full Name:	Full Name:	Full Name:
DOB:	DOB:	DOB:
Address:	Address:	Address:
Contract Phone Numbers:	Contract Phone Numbers:	Contract Phone Numbers:

TRADE REFERENCES

Two Trade References are required. To help speed up your application please include an email address or fax number	
Name:	Name:
Address (incl. Postcode):	Address (incl. Postcode):
Tel No.:	Tel No.:
Fax No.:	Fax No.:
Email:	Email:

PLEASE NOTE: JEWSONS, BUILDER CENTER, HOWDENS, RIDGEONS & TRAVIS PERKINS DO NOT PROVIDE TRADE REFERENCES

CREDIT ACCOUNT TERMS AGREEMENT

Please complete both sections:

I/We the undersigned hereby confirm that if credit facilities are approved, the account will be paid as per Epsom Plastics normal monthly terms, and I/We personally, jointly or severally guarantee to indemnify Epsom Plastics for any amount outstanding on said account in the event on non-payment by the Company in whose name such credit is hereby sought.	
Director/Proprietor/Partner Signature (*delete as appropriate):	Name (BLOCK CAPITALS)
Director/Proprietor/Partner Signature (*delete as appropriate):	Name (BLOCK CAPITALS)
Director/Proprietor/Partner Signature (*delete as appropriate):	Name (BLOCK CAPITALS)

I \_\_\_\_\_ (full name) being Director/Proprietor/Partner (\*delete as appropriate) of \_\_\_\_\_ (Customer Business Name) agree that all transactions of sale shall be subject to settlement of monies due within one month from the date of invoice and that the questions have been truly and fully answered. I/We hereby personally guarantee payment in respect of all sums due from the Customer to Epsom Plastics together with all ancillary costs incurred. I have retained a copy of the form for my records.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Full Name: \_\_\_\_\_ Position: \_\_\_\_\_